

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002291

STATE FILE NUMBER

AMENDED

Registrator's District No. 156 Primary Registration District No. 2001 Registrar's No. 5

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>                            |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Joplin</b>  |   | Length of stay in lb<br><b>38 yrs</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>  |   | c. CITY OR TOWN <b>Joplin</b>  |   |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | d. STREET ADDRESS (If outside, give location)<br><b>822 Highveiw Ave.</b>  |   |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>HARRY</b> Middle <b>FLOYD</b> Last <b>KELLEY</b>   |   | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>6</b> , Year <b>1962</b>   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>APR. 26, '05</b> |
| 9. AGE (last birthday)<br><b>56</b>   |   | IF UNDER 1 YEAR<br>Months <b>56</b> Days <b>56</b> Hours <b>56</b> Min. <b>56</b>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machinist</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Vickers Inc.</b>   |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Mt. Grove, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Elisha Kelley</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Frances Barnett</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Neda Mae Kelley</b>   |   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service)   |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |   |
| 17. INFORMANT<br><b>Neda Mae Kelley,</b>  |   | Address<br><b>822 Highveiw Ave.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b>   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Unknown</b>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Month, Day, Year<br>Hour a.m. p.m.   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE   |   |
| 21. I attended the deceased from <b>11-30-61</b> to <b>1-6-62</b> and last saw her alive on <b>1-5-62</b><br>Death occurred at <b>12:45 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE<br><b>[Signature]</b> (Degree or title)  |   | 22b. ADDRESS<br><b>Med. Art Bld. 25th &amp; Jackson</b>  |   |
| 22c. DATE SIGNED<br><b>1-8-62</b>   |   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Jan. 8, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Park Cemetery</b>  |   |
| 23d. LOCATION (City, town, or county)<br><b>Joplin Missouri</b>   |   |  |   |
| 24. FUNERAL DIRECTOR<br><b>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>1-9-1962</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   |   |  |   |

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry B. Bruce

Licensed Embalmer No. 4463

P. O. Address Jefferson MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.